

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38823

FILED
Apr 13, 2010
Secretary of State

Entity Name: PROFESSIONAL GIVERS ANONYMOUS OF COLLIER COUNTY, INC.

Current Principal Place of Business:

1801 GULF SHORE BLVD N #503
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

1801 GULF SHORE BLVD N #503
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0213073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASMER, MARY M
1801 GULF SHORE BLVD N
#503
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WASMER, MARY M
Address: 1801 GULF SHORE BLVD N #503
City-St-Zip: NAPLES, FL 34102

Title: TD
Name: HOLMES, ROBERT
Address: 425 COVE TOWER DRIVE #1702
City-St-Zip: NAPLES, FL 34110

Title: VPD
Name: MAGIN, LESLIE M
Address: 1801 GULF SHORE BLVD N #802
City-St-Zip: NAPLES, FL 34102

Title: D
Name: WASMER, MARTIN M
Address: 3505 GORDON DR
City-St-Zip: NAPLES, FL 34102

Title: S
Name: FARRELL, JOANNE
Address: 191 23RD STREET SW
City-St-Zip: NAPLES, FL 34117

Title: D
Name: SULLIVAN, JUDY
Address: 375 BOWLINE DRIVE
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOANNE FARRELL

S

04/13/2010

Electronic Signature of Signing Officer or Director

Date